

2006-2007
TCAP-Alt Participation Guidelines
 (Addendum to the IEP)

Student: _____ Assigned Grade Level: _____ Date: ____/____/____ Date of Birth: ____/____/____
 To participate in the Alternate Assessment, the student must have a current IEP and documentation to support all criteria listed below.

SECTION I

YES	NO	[Evaluation Review of Cognitive/Adaptive Ability] – Check YES or NO and Document Below
<input type="checkbox"/>	<input type="checkbox"/>	<p>Note: In order to ensure there is sufficient information to document this student has a significant cognitive and adaptive disability, the school psychologist <u>must review all evaluation/assessment information</u>. After file review and documentation of this review has been made, the school psychologist signs in the space provided below, indicating agreement or non-agreement of the student's significant cognitive and adaptive deficits.</p> <p style="text-align: center;"><i>This student demonstrates significantly deficit cognitive ability and adaptive skills which prevent full involvement and completion of the state-approved content standards <u>even with program modifications</u>.</i></p> <p>/ <input type="checkbox"/> Yes <input type="checkbox"/> No / Review of student files indicates s/he has a significant deficit in cognitive and adaptive level of functioning:</p> <p>Psychologist's Printed Name _____ / Signature _____</p> <p>Individual Cognitive Ability Test: _____ Date: _____</p> <p style="margin-left: 40px;">Total Battery Score: _____</p> <p style="margin-left: 80px;">Highest Component Score: _____ Area: _____</p> <p style="margin-left: 80px;">Lowest Component Score: _____ Area: _____</p> <p>Adaptive Behavior Skills Assessment: _____ Date: _____</p> <p style="margin-left: 40px;">Total Battery Score: _____</p> <p style="margin-left: 80px;">Highest Component Score: _____ Area: _____</p> <p style="margin-left: 80px;">Lowest Component Score: _____ Area: _____</p> <p style="text-align: center;">NOTE: All Total Scores and Component Scores are required. Provide <u>Standard Scores only</u>.</p> <p>If documentation in one of the requested areas is unavailable, a detailed explanation for participation in TCAP-Alt must be documented in the spaces provided below. Please include a detailed description of any medical conditions preventing assessment in the requested areas.</p> <p>_____</p> <p>_____</p> <p>_____</p>
YES	NO	[IEP Team Review] – Check YES or NO and Document Below
<input type="checkbox"/>	<input type="checkbox"/>	The student requires intensive, frequent individualized instruction in a variety of settings including school, community, home, or the workplace to acquire, maintain, and generalize functional academics and life skills.
<input type="checkbox"/>	<input type="checkbox"/>	There are historical data (current and longitudinal across multiple settings) that confirm the individual student criteria listed above.
<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">STUDENT SAFEGUARDS</p> <p>The following conditions have been <u>ruled out</u> and <u>are not the primary justification or reason</u> this student is not participating in the general Tennessee Comprehensive Assessment Program (TCAP), even with extensive accommodations and modifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> • excessive or extended absences, <input type="checkbox"/> • sensory impairments, <input type="checkbox"/> • emotional-behavioral disabilities, <input type="checkbox"/> • specific learning disabilities, <input type="checkbox"/> • language impairment, <input type="checkbox"/> • other health impairment <input type="checkbox"/> • developmental disability (i.e., Autism, Asperger's Syndrome, Developmental Delay) <input type="checkbox"/> • limited English proficiency, or <input type="checkbox"/> • social, cultural, and economic differences. <p>The decision for TCAP-Alt participation is based on the needs of the student. <u>It is not based upon anticipated impact on system and/or school performance scores.</u></p> <p style="text-align: center;">The decision for TCAP-Alt participation is an IEP TEAM DECISION based on the needs of the student. <u>IT IS NOT AN ADMINISTRATIVE DECISION.</u></p>
YES	NO	FOR A STUDENT 14 YEARS OF AGE OR OLDER
<input type="checkbox"/>	<input type="checkbox"/>	The student is unable to complete a state approved high school diploma program, even with extended learning opportunities and/or accommodations.

If the answer to any question in Section I is NO—STOP HERE.

This student **does not meet criteria** for participation in the Alternate Assessment.

If ALL the answers to Section I are YES—PROCEED to Section II.

Student: _____ Assigned Grade Level: _____ Date: ____/____/____ Date of Birth: ____/____/____

SECTION II

Guidelines for Determining Participation in TCAP-Alt PA or Out-of-Level Assessment

The Portfolio Assessment has been designed to measure academic progress of students with the most significant cognitive and adaptive disabilities.

While the use of out-of-level assessments is an option under TCAP-Alt for 2006-2007, **the IEP Team must be aware that any student who participates in an out-of-level assessment will automatically be reported as a "Non-Participant" for AYP purposes.** The IEP Team must carefully consider if the student is able to meaningfully participate in the out-of-level assessment. The out-of-level assessment chosen must represent challenging academic goals for the student. ***Administration of an assessment that is below the ability level of the student is an inappropriate use of this option.***

CHECK ALL THAT APPLY.

- ☐ IEP Team Members agree that the student meets participation guidelines for the TN Alternate Assessment.
- ☐ This student's participation in the TN Alternate Assessment is documented and justified annually on the IEP.

The IEP Team has determined that the student will participate in:

- ☐ TCAP-Alt: PA (Check Content Areas for Assessment)
- ☐ English/Language Arts (includes Writing in Grades 5, 8, and 11) ☐ Mathematics ☐ Science ☐ Social Studies
- ▶ Multimedia Permission Form Signed by the Parent: ☐ YES ☐ NO
- ☐ TCAP-Alt Out-of-Level (*Reminder:* Reported as a "Non-Participant" for AYP purposes)
- ☐ TCAP-Alt Writing Assessment (Grades 5, 8 and 11) – For use by students participating in Out-of-Level option only.

YES	NO	If the student is participating in the Out-of-Level option, complete the following information.
<input type="checkbox"/>	<input type="checkbox"/>	Based on criterion-referenced or norm-referenced assessments, the student's <u>instructional reading level</u> measures at least pre-kindergarten/readiness skills level <ul style="list-style-type: none"> Test: _____ Date: _____ Instructional Reading Level: _____
<input type="checkbox"/>	<input type="checkbox"/>	The IEP Team is <u>in agreement</u> that Out-of-Level assessment is the most appropriate option for the student. The IEP Team agrees that the Out-of-Level assessment chosen represents challenging academic goals for the student.
If the answers to both questions above are YES, the student may participate in the TCAP-Alt Out-of-Level Assessment if the IEP Team feels this to be the most appropriate option for the student.		

IEP TEAM MEMBERS:

Signature

Position

SCHOOL PRINCIPAL:

Signature: _____

Note: Students who do not meet *TCAP-Alt Participation Guidelines* but are assessed with the TCAP-Alt Assessment will be reported as Non-Participants for AYP purposes.

***TCAP-Alt Participation Guidelines
MULTIMEDIA PERMISSION FORM***

Date: _____

I give my permission for the _____ School to take
pictures, video or audiotape of my son or daughter
_____ during the 2006-2007 school year.

I understand that this will be included in my son's or daughter's State
Assessment and will be used for educational purposes only. Any
reproduction of my son's or daughter's assessment for state scoring
training will require that all identifying information be removed.

Signature of Parent/Caregiver